


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90030 001 \*\*\*150.00

<b>DOCUMENT # G91332</b> 1. Entity Name <b>PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MARTIN COUNTY, INC.</b>	
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Principal Place of Business 2101 NE SAVANNAH RD JENSEN BEACH FL 34957 US	Mailing Address PO BOX 52 JENSEN BEACH FL 34958 US
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**34067000**



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2349490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
GRAHAM, JOSEPH 517 SAPHIRE WAY JENSEN BEACH FL 34957	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS										
TITLE <b>P</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>GRAHAM, JOSEPH</td><td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>517 SAPHIRE WAY</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>JENSEN BEACH FL 34957</td><td></td></tr> </table>	NAME	GRAHAM, JOSEPH	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	517 SAPHIRE WAY		CITY-ST-ZIP	JENSEN BEACH FL 34957	
NAME	GRAHAM, JOSEPH	<input checked="" type="checkbox"/> Delete								
STREET ADDRESS	517 SAPHIRE WAY									
CITY-ST-ZIP	JENSEN BEACH FL 34957									
TITLE <b>VP</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>DOUGLAS, CAL</td><td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>121 LAVAUGHN CIR.</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>JENSEN BEACH FL 34957</td><td></td></tr> </table>	NAME	DOUGLAS, CAL	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	121 LAVAUGHN CIR.		CITY-ST-ZIP	JENSEN BEACH FL 34957	
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TITLE <b>T</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>LEACH, HELEN</td><td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>470 ONYX WAY</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>JENSEN BEACH FL 34957</td><td></td></tr> </table>	NAME	LEACH, HELEN	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	470 ONYX WAY		CITY-ST-ZIP	JENSEN BEACH FL 34957	
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TITLE <b>D</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>MOHONEY, JOE</td><td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>508 SAPHIRE</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>JENSEN BEACH FL 34957</td><td></td></tr> </table>	NAME	MOHONEY, JOE	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	508 SAPHIRE		CITY-ST-ZIP	JENSEN BEACH FL 34957	
NAME	MOHONEY, JOE	<input checked="" type="checkbox"/> Delete								
STREET ADDRESS	508 SAPHIRE									
CITY-ST-ZIP	JENSEN BEACH FL 34957									
TITLE <b>S</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>GARDNER, JANE</td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>79 S. WARNER</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>JENSEN BEACH FL 34957</td><td></td></tr> </table>	NAME	GARDNER, JANE	<input type="checkbox"/> Delete	STREET ADDRESS	79 S. WARNER		CITY-ST-ZIP	JENSEN BEACH FL 34957	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE <b>P</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>Helena Leach, Helen</td><td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>470 NE ONYX WAY</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>Jensen Beach FL 34957</td><td></td></tr> </table>	NAME	Helena Leach, Helen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	470 NE ONYX WAY		CITY-ST-ZIP	Jensen Beach FL 34957	
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TITLE <b>D</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">NAME</td><td>Malinda Waldron</td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td><td>1 N Warner Dr</td><td></td></tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td><td>Jensen Beach FL 34957</td><td></td></tr> </table>	NAME	Malinda Waldron	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	1 N Warner Dr		CITY-ST-ZIP	Jensen Beach FL 34957	
NAME	Malinda Waldron	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	1 N Warner Dr									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helena Leach, Helen O Leach Pres Date: 2/27/04 Daytime Phone #: 772-232-1428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR